

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application number:: 10/658,962
Filing Date:: September 8, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: No
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title :: EFFECT OF VITAMIN A GEL ON PARANASAL SINUS MUCOSAL REGENERATION
Attorney Docket Number:: 49321-102
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency:: No
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mendy
Middle Name:: S.
Family Name:: Maccabee
Name Suffix::
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State or Province of mailing address:: OR
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Postal or Zip Code of mailing address:: 97219

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
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Family Name:: Hwang
Name Suffix::
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State or Province of Residence:: CA

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Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
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Name Suffix::
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Country of Residence:: US
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City of mailing address:: Tigard
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97223

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

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Fax Number: 206-757-7023

E-Mail address:: barrydavison@dwt.com

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
10/658,962	Non-provisional of	60/408,792	09/06/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	<u>Oregon Health & Science University</u>
Street of mailing address::	<u>2525 SW First Avenue, Suite 120</u>
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State or Province of mailing address::	<u>OR</u>
Country of mailing address::	<u>US</u>
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